

OFFICE USE ONLY
 Log No. 91509
 Permit No. _____
 Basin 212

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 25540

1. OWNER Mountains Edge LLC ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 3455 Cliff Shadows Pky. Suite 220
Las Vegas, Nev. 89129
 2. LOCATION SE 1/4 SW 1/4 Sec. 34 T. 22S N/S R. 60 E Clark County
 PERMIT NO. 176-34-401-005 Parcel No. _____ Subdivision Name _____
 Issued by Water Resources

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
NAC 534.420 Section 8				
A. Depth of Well <u>1,020</u> Ft.				
B. The depth to which the materials used to plug well were placed: <u>1,020</u> Ft.				
C. The type, size and location of the perforations which were made in the casing; Type: <u>Knife</u> Size: <u>Approx. 3/16x2"</u> Location: <u>Bottom upto 450 Ft. 4 times around every foot.</u>				
D. The debris encountered in the <u>the</u> well milled out of or retrieved from the well: <u>No debris present</u>				
E. The materials used to Plug the well: <u>27 Sack Neat Cement</u> <u>Section 9. Neat cement by tremie pipe in and upward direction. <u>7.5 yds</u></u>				
DCNR/DWR RECEIVED				
NOV 03 2003				
LAS VEGAS OFFICE				

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 510 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 9/15/03, 19_____
 Date completed 9/20/03, 19_____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Vernon H. Dimick Contractor
 Address 5360 N. Bonita Vista St. Contractor
Las Vegas, Nev. 89149
 Nevada contractor's license number 10062 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 552
 Signed V.H. Dimick
 By driller performing actual drilling on site or contractor
 Date 11-03-03